

very good as barristers but as partners with men their work is valuable. In public functions, even in industry, they seldom reach the higher grades. Industry frankly prefers them as workers and stenodactylographs—which sounds like extinct reptiles. However, they make excellent and enthusiastic doctors of medicine and “frequently acquire the confidence of their patients.”

In short, anyone who wishes to understand the position and prospects of women to-day should study this voluminous work in detail and with care.

URSULA GRANT DUFF.

BIRTH CONTROL

Florence, Lella Secor. *Progress Report on Birth Control.* London 1956. Heinemann Medical Books. Pp. 260. Price 21s.*

THIS survey of the 2,257 new patients who came to the Birmingham Family Planning Clinic during the year 1948 was boldly conceived and must have been a considerable labour. Those responsible for inaugurating and organising this formidable task are to be congratulated not only on their own efforts but in having secured the help and advice of Professor Charles Madge and his staff, the services of such obviously skilled interviewers as Mrs. Norris and Mrs. Walker and the co-operation of the medical, nursing and lay staff at the Birmingham Clinic. But when all is said and done the real bouquet must be reserved for Mrs. Florence whose inspiration, persistence, wide knowledge and experience lies behind it all.

The book is divided into seven chapters dealing in turn with the early history of the movement, types of patients, methods and clinic procedures, description of the survey and what it attempted to find out, consideration of “failures” and their causes, the value of information as obtained from the

case cards and from interviews; finally, and perhaps the most valuable chapter of all, an evaluation of the present situation with regard to Birth Control.

The first three chapters contain little new but are needed to give the necessary background to the last four. The real meat is reached in Chapter IV and from then on there is much solid food for thought.

Professor Madge's statistical analysis is brief but valuable; it is based partly on information recorded on the case cards of these 2,257 Birth Control patients and partly on information gleaned by the interviewers from the 914 absentee patients whom they were able to trace and visit. 450 could not be traced or else were invariably out when visited; 223 had moved out of the locality or had no further use for B.C.; 670 were still paying regular visits to the clinic when the survey was started in 1951. Among the 914 visited patients 115 were found either to be still using the cap method taught at the clinic or to have temporarily discontinued its use. On that basis he reckoned that probably 54 of the 450 untraceables might be assumed to be still using their caps. This would bring the total of perseverers to 839 (only 42.5 per cent of those originally fitted). Of the 765 visited patients who had abandoned the cap method 696 had turned to other and usually less reliable methods of Birth Control. They had had 334 unintentional pregnancies between them, 58 of them while using the cap.

The reasons given for abandoning the cap were many and varied—Professor Madge at first classified them into 63 categories but finally regrouped them under 5 main headings, viz:

- (1) Method considered unnecessary or unsuitable.
- (2) Patient discouraged for various reasons from revisiting clinic.
- (3) Method considered unsafe or harmful.
- (4) Method found too difficult or inconvenient.
- (5) Method found distasteful.

Professor Madge sums up as follows: “The most obvious conclusion to be drawn from

* We are grateful to the Editor of *Family Planning* and to the reviewer for permission to print this review. It is a shortened version of one which was written for *Family Planning*.—EDITOR.

the survey is the widespread reluctance of the patients to use the cap method prescribed by the clinic. This reluctance is general both among younger and older women and among those who were in manual and non-manual occupations before marriage . . . it is largely bound up with subjective factors or with transparent rationalizations of subjective factors. The suggestion is that very many women are psychologically resistant to the use of the cap . . . and is quite clearly a matter which doctors and psychiatrists could usefully investigate.

"It is striking also that nearly all of those who give up the cap resort to other methods. When, as is predominantly the case where the husbands are manual workers, the alternative is coitus interruptus, a very large number of unintended pregnancies occur.

"To keep the matter in perspective we must remember that more than a third of the women who visited the Clinic have persevered with the cap and are presumably satisfied with its use, both objectively and subjectively. Moreover, these women are to be found in virtually the same proportion among those whose husbands have manual and non-manual occupations, and among different age groups. It would appear therefore that, while satisfactory for a substantial minority, the cap is not the ideal contraceptive for the majority.

"A safe and acceptable alternative to the cap is urgently needed, even in a country like Britain where standards of education and housing are relatively high. In countries where they are low the need must be correspondingly greater."

The fifty-eight women who had become pregnant unintentionally either while using or misusing the cap method are considered in detail in Chapter V and an attempt has been made to sort them into those who apparently used the method as taught (23) and those who either used it spasmodically or incorrectly (35). As a group these 58 women were found to be not typical of the usual clinic patient—between them they had a total of 200 pregnancies before visiting the clinic and 83 afterwards and of those

only 6 were planned—this would seem to indicate an unusually high degree of fertility and/or fecklessness. They had mostly tried other methods before attending the clinic and the majority reverted to either sheath or coitus interruptus after failing with the cap. A brief history is given of each case and these repay careful study. As the author points out they provide a sad picture of mounting marital disharmony, adversities, miseries and disappointments and leave little room for complacency among clinic workers.

In the final chapter Mrs. Florence recalls previous investigations into the reliability and acceptability of B.C. methods, mentioning in particular the survey of the first 1,000 case cards at N. Kensington Clinic carried out by Norman Hines and his wife, the Cambridge Report which was the first attempt to follow up patients by visiting them in their homes, Mrs. Margaret Lloyd's follow-up investigation on 460 patients fitted with caps at the North Kensington Clinic and the R.C.O.G. investigation initiated at the request of the Royal Commission on Population into methods of family limitation in common use and their degree of success. These surveys cover rather different ground but they all tend to emphasise the relative unreliability of the present conventional methods.

The work of the old Birth Control Investigation Committee is referred to and also the exhaustive research on spermicides carried out by Dr. John Baker and others at Oxford as being of great value in their day. Mrs. Florence feels however that there can be little further advances in "local methods" and that the need now is for a wider approach to the study of contraceptive technique, especially from the biological angle, since resistance to such methods as the cap and sheath is not likely to be appreciably overcome. Research into the various possible means of interfering with the processes of fertilization and embedding is going on in many parts of the World and a "Pill" will certainly be developed in the not too distant future—but even then the riddle is not entirely solved because women will have to

be strongly enough motivated towards limiting their families to take the "Pill."

Meantime every effort should be made to help people use the present methods effectively.

MARGARET HADLEY JACKSON.

BIOGRAPHY

Gross, Felix. *Rhodes of Africa*. London 1956. Cassell. Pp. ix + 419. Price 25s.

THE author's journalistic experience, his twenty-five years in South Africa and his knowledge of Dutch, German and French have enabled him to tap many hitherto unused sources of information concerning the "Colossus of South Africa"—Cecil John Rhodes.

The result is far more interesting than many a novel and although, if anything, the bias is hostile there can be no doubt that each incident and circumstance in the remarkable career of this very remarkable man is set out with scrupulous honesty and the reader is left to form his own judgment.

As for Rhodes himself he was never worried as to whether his actions corresponded with current ethics. He felt himself above good and evil; he believed in his "visions, his instincts, his mission." Perhaps the best summing-up is that quoted (p. 417) of J. C. Molteno, "The ordinary man cannot judge Rhodes for he cannot understand him. The world can tolerate few men like him—and certainly only one at a time."

It was a disappointment to the Reverend Francis Rhodes, Vicar of Bishop's Stortford, that his fourth son, destined for the Church, had, perforce, to go to South Africa at the age of seventeen for health reasons. But Cecil had not been in Kimberley long before he graduated in its ways and was outshining his contemporaries, who were largely the jetsam of civilization, and became the virtual master of the diamond diggings.

He was gifted with great powers of observation and deduction and along with a multiplicity of other activities he, at a

later date, noted a particular breed of donkey in Egypt which struck him as superior to those in his Rhodesia. Thirty stallions were selected for crossing and "the result, still noticeable today, shows Rhodes's great foresight" (p. 404). Also, for his time, it was a stroke of genius to import the American ladybird and so save the Cape's orange groves from destruction by other insects.

As eugenists we must be grateful to him for leaving his vast fortune for the provision of scholarships at Oxford for those "who shall not be merely bookworms" but who show in addition qualities of "manhood, truth, courage, devotion to duty, sympathy for the protection of the weak, kindness, unselfishness and fellowship"—even though the donor may not have been distinguished by the possession in his own person of all of these required qualities.

The fact that he never married, nor indeed was his name ever associated with that of any woman, makes for added sympathy with his disillusionment. "Money is power" he was fond of saying, only to find out—at the very climax of his career—how wrong that idea could be.

Twenty-two well reproduced photographs and a good index complete what must be described as a full, accurate and entertainingly written biography.

C. W. USHER.

FICTION

Walter, W. Grey. *Further Outlook*. London, 1956. Duckworth. Pp. 224. Price 12s. 6d.

It is not often that a novel is reviewed in these pages. The successful combination of scientific thought and fictional plot and characterization requires abilities of an exceptional order, and what may be fascinating in a Conan Doyle or a Wells may be poor stuff indeed in the hands of a hack-writer of detective novels or "science-fiction." Dr. Grey Walter's book may be placed alongside those of Verne and other pioneers for its ingenuity, and perhaps also